

## WOUND DRESSING CATEGORIES



Category	Description	Indications	Disadvantages	Reminders
Calcium Alginates	Non-woven mass of calcium-sodium alginate fibers that form moisture retentive gel on contact with wound fluid; non occlusive, derived from brown seaweed – rope or flat dressing form. Requires secondary dressing cover	<ul style="list-style-type: none"> <li>• Partial to full thickness wounds with moderate to heavy exudates</li> <li>• Autolytic debridement of yellow slough in deep wounds with uneven wound beds</li> <li>• Odor control</li> </ul>	<ul style="list-style-type: none"> <li>• Are not recommended for wounds with light exudate or dry eschar</li> <li>• If wound bed dry, the dressing will not form gel and may adhere to granulation tissue causing trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Irrigate wound between dressing changes</li> <li>• Do not use in dry wound</li> <li>• It is inappropriate to moisten this product before using or to use with hydrogel.</li> </ul>
Collagen	Freeze dried sheets of collagen particles, pastes or gels usually derived from cow hides - They encourage the deposition and organization of newly formed collagen fibers and granulation tissue. Absorbent, non-adherent, conform well to wound, maintains moist wound environment and are easy to use.	<ul style="list-style-type: none"> <li>• Primary dressing for chronic non-healing wounds</li> <li>• partial and full thickness wounds</li> <li>• granulating or necrotic wounds</li> <li>• infected and non-infected wounds</li> <li>• tunneling wounds</li> <li>• wounds with minimal to heavy exudate</li> </ul>	<ul style="list-style-type: none"> <li>• Not recommended for wounds with heavy eschar.</li> <li>• Requires secondary dressing.</li> <li>• Contraindicated: third degree burns and sensitivity to bovine (cattle) products</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency and dressing change procedure will vary according to product used and exudate level of the wound.</li> </ul>
Composite	Combination of 2 or more physically distinct products manufactured as a single dressing that provides multiple functions: a bacterial barrier, absorbency, a degree of non-adherence to the wound bed and self-adhesiveness.	<ul style="list-style-type: none"> <li>• Primary or secondary dressing for partial or full thickness wounds</li> <li>• wounds with minimal to heavy exudate</li> <li>• granulating or necrotic wounds</li> </ul>	<ul style="list-style-type: none"> <li>• Requires border of intact skin on which to adhere the dressing</li> </ul>	<ul style="list-style-type: none"> <li>• Dressings cannot be cut – use appropriate size</li> <li>• Frequency of change varies – follow manufacturer’s instructions</li> <li>• Do not stretch dressing during application</li> </ul>
Contact Layer	Thin, single layer non-adherent sheets placed directly on an open wound bed that acts as a protective interface between the dressing and the wound. Porous to allow wound fluid to pass through for absorption by a secondary dressing. They protect the wound bed from trauma during dressing changes. They may be applied with topical medications, wound fillers or gauze dressings. They are easy to apply and secure with secondary dressing	<ul style="list-style-type: none"> <li>• To protect fragile wound tissue</li> <li>• To minimize pain at dressing change</li> <li>• To prevent secondary dressing adhering to wound bed</li> <li>• Can be used on wounds with minimal, moderate and heavy exudate</li> </ul>	<ul style="list-style-type: none"> <li>• Not recommended for shallow, dehydrated or wounds covered with eschar, and wounds with thick exudate</li> <li>• May not be recommended for debriding wounds, tunneling wounds and third degree burns</li> </ul>	<ul style="list-style-type: none"> <li>• May place over the wound surface like a liner</li> <li>• Can overlap the surrounding skin without causing damage</li> <li>• May cut to fit</li> <li>• It can be left in place between applications thus minimizing wound bed disturbance</li> </ul>

Foam	Semi-permeable polyurethane foam dressings. Non-adherent. Waterproof outer layer. Provides moist wound environment. Permeable to water vapor but blocks entry of bacteria and contaminants. Helpful for hypergranulation tissue along with light compression. Various thicknesses with or without adhesive borders. Available in pads, sheets, and cavity dressings.	<ul style="list-style-type: none"> <li>As primary or secondary dressing for partial and full thickness wounds with minimal to heavy drainage</li> <li>Works well for granulating and epithelializing wounds. Provides insulation</li> </ul>	<ul style="list-style-type: none"> <li>Wound bed may desiccate if there is not exudate from the wound</li> <li>May require secondary dressing</li> <li>Can lead to maceration of peri-wound if it becomes saturated</li> <li>Contraindicated in third degree burns, dry eschar and sinus tracts</li> </ul>	<ul style="list-style-type: none"> <li>Dressing should be 1 - 2 inches larger than wound</li> <li>Change every 3 - 7 days or as necessary</li> <li>Some require a secondary or cover dressing to hold in place</li> </ul>
Gauze	Absorbent, 100% meshed cotton fabric, available in pads, strips, and rolls, of either tightly or loosely woven material. Used as primary and secondary dressing.	<ul style="list-style-type: none"> <li>Superficial and cavity wounds</li> <li>Wounds with moderate to heavy drainage</li> <li>Filler for packing dead space in large wounds</li> <li>Mechanical debridement of slough – (wet to dry)</li> </ul>	<ul style="list-style-type: none"> <li>Some products may shed, leaving lint in wound bed</li> <li>Permeable to moisture and bacteria leading to risk of contamination</li> </ul>	<ul style="list-style-type: none"> <li>If wound becomes too dry, removal will cause trauma to wound bed</li> </ul>
Hydrocolloids	Occlusive wafer dressing, containing hydrophilic colloidal particles (pectin, gelatin, elastomers) in an adhesive compound laminated onto a flexible water resistant outer layer. Used as secondary dressing.	<ul style="list-style-type: none"> <li>Autolytic debridement of minimal to moderate amount of slough/necrosis</li> <li>Prevent secondary infection from contamination</li> <li>Maintain moist wound surface</li> <li>Provide limited to moderate absorption</li> </ul>	<ul style="list-style-type: none"> <li>Occlusive properties can promote infection in high risk patients (anaerobic infection)</li> <li>May dislodge with shearing or friction</li> <li>Dislodges with heavy exudates</li> <li>May tear fragile surrounding skin when removed</li> <li>Unpleasant odor upon removal</li> </ul>	<ul style="list-style-type: none"> <li>Should not be used on infected wounds.</li> <li>Change every 3 – 5 days</li> <li>Do not use with fungal lesions, herpetic lesions, wounds with deep tunnels, tracts and undermining</li> <li>Apply wafer 1-2 inches larger than wound</li> <li>May secure edges with tape</li> </ul>
Hydrogels	Semipermeable hydrophilic polymers composed primarily of water or glycerin; available in gel, sheets, or impregnated gauze form. Requires a secondary dressing	<ul style="list-style-type: none"> <li>Support autolytic debridement due to moisturizing effects</li> <li>Maintain moist wound surface</li> <li>Pain relief in radiation-damaged tissue and superficial burns</li> </ul>	<ul style="list-style-type: none"> <li>Not indicated for heavily draining wounds</li> <li>May contribute to periwound maceration</li> <li>Not indicated for management of chickenpox and shingles lesions, and 3<sup>rd</sup> degree burns.</li> </ul>	<ul style="list-style-type: none"> <li>Sheet form is most appropriate for partial thickness wounds, should be cut to fit the wound, change every other day.</li> <li>Gel form frequency is once or twice a day.</li> <li>Do not use sheet form if wound is clinically infected</li> </ul>

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Category	Description	Indications	Disadvantages	Reminders
Specialty Absorptive	Hydrofiber dressing; multi-layered dressings that consist of highly absorptive fiber layers, such as absorbent cellulose, cotton, or rayon	<ul style="list-style-type: none"> <li>Wounds with heavy drainage</li> <li>Full or partial thickness wounds</li> </ul>	<ul style="list-style-type: none"> <li>Contraindications in dry wounds and third degree burns</li> </ul>	<ul style="list-style-type: none"> <li>Change frequency - Every 1-3 days, some up to 7 days</li> <li>Caution on wounds with scant or small amounts of exudate as this product could dehydrate these wounds</li> </ul>
Transparent Films	Adhesive, transparent polyurethane and polyethylene films, semi permeable membrane dressing that is waterproof yet permit oxygen and water vapor to cross the barrier while remaining impermeable to bacteria and contaminates Used as secondary dressing.	<ul style="list-style-type: none"> <li>Supports autolytic debridement</li> <li>Maintain moist wound surface</li> <li>Provides protection from friction, shear, microbes and chemicals</li> <li>Allow visualization of wound</li> <li>Used as cover dressing</li> </ul>	<ul style="list-style-type: none"> <li>Does not adhere well in moist areas</li> <li>The adhesive may cause stripping of surrounding skin</li> <li>Not recommended for exudative wounds</li> <li>Contributes to peri-wound maceration</li> <li>Contraindicated with infected wounds</li> </ul>	<ul style="list-style-type: none"> <li>Need approximately 2 inch border of intact skin</li> <li>Skin must be clean and dry, some manufacturers recommend defatting skin with alcohol and then using sealant prior to application</li> <li>Frequency change is every 3 days</li> <li>A buildup of exudates is indicative of autolytic debridement and a normal occurrence, change if exudate is beyond wound borders</li> </ul>

### TOPICAL OINTMENTS

Product Description	Reminders
<p><b>Antibiotic Ointment</b> - Chemical agents that eliminate living organisms pathogenic to the host; broad-spectrum antibacterials are useful for mixed infections (frequently more than one pathogen is present and quick identification is difficult) Avoid long-term usage of antibacterials, to prevent the development of resistance. Check for allergies. Bacitracin – effective against gram positive cocci and bacilli, Gentamicin - effective against gram negative organisms including E.Coli, and Pseudomonas, Bactroban – effective against staph aureus, MRSA, beta hemolytic streptococcus, Neomycin Sulfate – effective against most gram-negative organisms except Pseudomonas, Polymyxin B – effective against Pseudomonas and other aerobic gram negative bacilli, Neosporin/Triple A – is a combination of Polymyxin B, Bacitracin Zinc, and Neomycin sulfate, and Polysporin – is a combination of Polymyxin B and Bacitracin Zinc.</p>	<ul style="list-style-type: none"> <li>Requires secondary dressing</li> <li>Should not be used in deep cavity wounds</li> </ul>
<p><b>Medihoney</b> - Promotes a moist environment conducive to healing; Highly absorbent, for excellent exudate management; Cleanses and debrides due to its high osmolarity; Helps to lower the wound pH, for an optimal wound healing environment Non-toxic, natural, and safe</p>	<ul style="list-style-type: none"> <li>Available in alginate, colloid, and tube</li> </ul>
<p><b>Silvadene Ointment</b> - Silver Sulfadiazine; has broad spectrum antibacterial spectrum including staphylococcus aureus, E. coli, Pseudomonas aeruginosa, Proteus mirabilis, candida albicans</p>	<ul style="list-style-type: none"> <li>available by prescription only</li> <li>Hepatic and renal impairment</li> </ul>
<p><b>Santyl Ointment</b> - A proteolytic enzyme that debrides necrotic tissue from wounds without destroying healthy granulation tissue; use once a day; collagen specific; manufactured by Smith &amp; Nephew</p>	<ul style="list-style-type: none"> <li>available by prescription only</li> </ul>